

of social training at home make the most satisfactory nurses, and I have a tremendous interrogation-point in my mind when I am done reading some of the ponderous programmes we have devised for our own punishment.

I hope you do not mind my saying that I think we have neglected our *JOURNAL* in that one point. We have been so absorbed in its serious side that we have lost sight of chances for improving our spirits as well as our work.

It seems to me in the light of our long experiences we might put up an occasional guide-post to happier lives for the coming generations of nurses. We all know that the humorous side of our work has very often carried us over its most difficult spots. As Robert Louis Stevenson so well expressed it, "A sense of humor will often carry a woman through when religion fails." I expect several good ladies will wish to take me to task for this outbreak of frivolity, but if it adds to the gayety of the occasion, let us have their objections by all means.

ISABEL McISAAC.

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DEAR EDITOR: When we consider the large number of people suffering from mental diseases, it is manifest that in order to effect a cure or any alleviation of their sad condition they must be cared for by those trained for the work. This fact has long been recognized, therefore training-schools have been established in our large institutions for the insane with a view to making the nurse assist the doctor in a more intelligent manner. Yet a nurse who has trained for that work is not looked upon by nurses otherwise trained as a graduate nurse, although she has been taught from the same text-books and passed the same examinations. Her sister nurse, who, may be, has been trained in a small child's hospital of say twenty or thirty beds, will look upon a mental nurse as "not a graduate, only trained in an insane institution." If a mental nurse wishes to enter a well-conducted hospital for a post-graduate course, she will be told that her diploma cannot be accepted. Why do nurses take post-graduate courses? Because they feel the necessity of doing so and need the knowledge gained by so doing; they may have graduated years ago and must keep up with the times, or their training, if recent, may have lacked some particular branch of nursing. Now a mental nurse has been trained in her particular branch and also feels a need of taking a course in another branch. Why this demarcation?

Then mental nurses are told that they have not had experience in "physical diseases." Insane people are sick and have to be cared for the same as the sane.

A nurse from a child's hospital has had no experience with adults, one from a gynecological hospital is confined to the one set of operations, etc., etc. This is an age of specializing. Now, instead of sitting at home and accepting this professional obliteration, I believe in trying to remedy it. In State organization mental nurses must not be passive. They constitute a large number and they must demand the same privileges with other nurses. They must make the difference known between the trained nurses for the insane and the attendants for the insane. To the majority of people the terms are synonymous, which is most unfortunate.

First, I would place all training-schools in our large institutions for the insane in the hands of a graduate of a large general hospital, and have the training on exactly the same footing, or have a woman who has had training in both if possible. The whole thing lies in the head, as everyone knows. I would not appoint a person merely because of her long service in the institution; she might have been in the institution for years in a subordinate position and be

utterly unfitted for the head of a training-school, and a stranger is more apt to maintain good discipline.

Second, those in training should take three- or six-months' training in other hospitals, say three in obstetrical work and three in general, which would include operative cases.

Third, the superintendent of nurses should have separate rooms and eat apart from the other nurses.

Fourth, all pupil nurses should be changed every month, as they do in other hospitals, thereby making them come in contact with all kinds of mental conditions and also with the sick, instead of leaving them on the same ward for months.

No nurse should be allowed on the streets in her uniform, as, unfortunately, is done in some places, as it looks very undignified. This, of course, does not apply to any special hospital, but to all. They should have at least a good common-school education; later women of higher education will take up the work.

I am sure superintendents of insane institutions will be only too glad to help their nurses by making arrangements with other hospitals to give them experience in all branches of nursing. They might exchange nurses, benefiting both sides.

The Boston Insane Hospital is offering a post-graduate course to nurses. This is a step in the right direction; we want reciprocity in our domestic affairs as well as in our national.

Insane institutions are doing good work, and when one considers the way their work is looked upon by some people in these so-called enlightened times, it savors of former ages, when the insane were looked upon as possessed. Let us be progressive and help one another. Insanity is a disease, and as curable as tuberculosis and all other allied diseases. It needs intelligence, education, tact, and all the qualities that go to make a good nurse.

A mental nurse from her training is well adapted to tolerate and understand abnormal mental conditions in all classes of patients. Let us hope to see the time when a knowledge of insanity will be a part of all graduate nurses' training, and when facilities will be offered to mental nurses in other branches of nursing.

FLEUR-DE-LIS.

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DEAR EDITOR: I have been interested in the articles on life insurance and savings-banks, and would like to make the point that neither can claim to be best, in itself, but according to circumstances one may be the best thing for one nurse and the other for someone else. A nurse who has definite claims upon her or who wishes a perfectly certain investment had much better take the insurance company, as your correspondents have well brought out its qualities of protection and security.

But a nurse who has no one dependent on her, and who perhaps has some little resource, or whose family can take care of her in illness, can, I think, do better from a financial stand-point with the savings-bank. In a few good years of steady work she may save a thousand dollars (remembering the compound interest which her money draws), and she can then invest this in first mortgage or some other safe way for five per cent., and can proceed to save as before. I firmly advocate cultivating the savings-bank habit. It has so much flexibility. One can drop all sorts of small sums into the savings-bank, and this is an easy way to collect the annual payment to the insurance company. As we learn about the interest that accrues, we are not at all willing to withdraw from the savings-bank for trivial reasons, and, on the other hand, if any sudden emergency does